

Sunset Public Hearing Questions for
Tennessee Health Information Committee
Created by Section 56-2-125, *Tennessee Code Annotated*
(Sunset termination June 2011)

1. Provide a brief introduction to the committee, including information about its purpose, statutory duties, staff, and administrative attachment.

The Tennessee Health Information Committee is a nineteen-member committee charged with developing a description of the data sets, based on national standards, if and when available, that will be included in the all payer claims database; a method for submission of data; security measures for complying with HIPAA and other state and federal privacy laws; and policies to make reports from the all payer claims database available as a resource for insurers, employers, providers, and purchasers of health care. The committee is also charged with evaluating the integrity and accuracy of the all payer claims database. The committee is administratively attached to the Department of Finance and Administration. The Division of Health Planning provides all administrative support to the committee, and the committee has no staff of its own.

2. Provide a list of current members of the committee and explain how membership complies with Section 56-2-125(c)(7), *Tennessee Code Annotated*. Are there any vacancies on the committee? If so, what steps have been taken to fill the vacancies?

The current members of the committee are as follows:

Leslie Newman – Commissioner of the Department of Commerce and Insurance

Susan Cooper – Commissioner of the Department of Health

Virginia Trotter Betts – Commissioner of the Department of Mental Health and Developmental Disabilities

Dave Goetz, Chair – Commissioner of the Department of Finance and Administration

Jeff Ockerman – Director, Division of Health Planning

Will Rice – Director, Office of e-Health Initiatives

Darin Gordon – Deputy Commissioner of the Bureau of TennCare

Two physician members:

Michael Minch, M.D.

Joseph E. “Pete” Kelley, M.D. –Assistant Professor of Surgery, University of Tennessee College of Medicine

Two members to represent hospitals:

Mary Layne Van Cleave – Executive Vice President/COO, Tennessee Hospital Association

Barbara Houchin – Executive Director of Strategic Planning, Saint Thomas Health Services

One pharmacist member:

Micah Cost – Director of Professional Affairs, Tennessee Pharmacists Association

Two members to represent the health insurance industry:

Ranyan Lu – Director of Research, Clinical Analytics, UnitedHealthcare

Mary E. Taylor – Head of Regulatory Compliance, Aetna

One member to represent a hospital and medical services corporation:

Nick Coussoule – Sr. Vice President and Chief Information & Strategic Technology Officer, BlueCross BlueShield of Tennessee

One member to represent a coalition of businesses who purchase health services:

Cristie Upshaw Travis – CEO, Memphis Business Group on Health

One member to represent a self-insured employer:

R. Lawrence Van Horn– Associate Professor of Health Care Management, Vanderbilt University

One member to represent health care consumers:

Harold Runsvold

One member to represent ambulatory surgical treatment centers:

William G. Southwick – President and CEO, HealthMark Partners, Inc.

There are no vacancies on the committee.

3. Does the committee's membership include public/citizen members? Female members? Members of a racial minority? Members who are 60 years of age or older?

The committee includes twelve public/citizen members (the other seven members are state employees), eight female members, one member of a racial minority, and two members who are 60 years of age or older.

4. How many times did the committee meet in fiscal year 2010, and how many members were present at each meeting?

The committee met four times in fiscal year 2010. Attendance was as follows:

September 15, 2009: Fifteen members plus one member sent a representative in her place.

January 21, 2010: Fourteen members plus two members sent a representative in their respective places.

February 25, 2010: Thirteen members plus two members sent a representative in their respective places.

June 29, 2010: Twelve members plus four members sent a representative in their respective places.

5. Did the committee appoint any subcommittees as authorized at Section 56-2-125(c)(8), *Tennessee Code Annotated*? If so, please describe.

The Committee appointed two subcommittees, the Data Gathering Subcommittee and the Public Reports Subcommittee. The Data Gathering Subcommittee met several times by teleconference in fiscal year 2010 to design data gathering rules, which were adopted (with certain changes) by the full committee. Members of the Data Gathering Subcommittee are as follows:

Nick Coussoule

Tony Greer, J.D., *representing Commissioner Newman*

Ranyan Lu

Jeff Ockerman

Cristie Travis
Mary Taylor
Mary Layne Van Cleve
Marthagem Whitlock, Deputy Commissioner, *representing Commissioner Betts*

The Public Reports Subcommittee met several times by teleconference in fiscal year 2010 to design policies to make reports from the all payer claims database available, which were adopted by the full committee. Members of the Public Reporting Subcommittee are as follows:

Bob Clapp *represensting Nick Coussoule*
Barbara Houchin
Darin Gordon
Jeff Ockerman
Cristie Travis
Bill Southwick
Mary Layne Van Cleve
Larry Van Horn
Harold Runsvold
Lori Ferranti *representing Commissioner Cooper*

6. Is the committee subject to Sunshine law requirements (Section 8-44-101 et seq., *Tennessee Code Annotated*) for public notice of meetings, prompt and full recording of minutes, and public access to minutes? If so, what procedures does the committee have for informing the public of its meetings and making its minutes available to the public?

The committee is subject to Sunshine law requirements. Meeting notices are posted on bulletin boards in the halls of Legislative Plaza. Anyone who has asked to be notified is sent an email notifying them of committee meetings. Meeting minutes are available on the Division of Health Planning's website on the "All Payer Claims and Data Warehouse" page.

7. What per diem or travel reimbursement do committee members receive? How much was paid to committee members during fiscal year 2010?

The committee members do not receive per diem or travel reimbursement; no sums were paid to committee members during fiscal year 2010.

8. What were the committee's revenues (by source) and expenditures (by object) for fiscal year 2010?

The committee has no revenues. Expenditures for fiscal year 2010 were \$619.11 for box lunches provided to the committee members at their meetings.

9. Please describe what policies and procedures the committee has in place to address potential conflicts of interest by committee members, staff and employees.

The committee does not have policies and procedures in place to address potential conflicts of interest. In its next meeting the committee will address this deficiency.

10. What were the committee's major accomplishments during fiscal year 2010? Specifically, how has the committee addressed the duties set out for the committee in Sections 56-2-125(c)(1) through (5), *Tennessee Code Annotated*?

The committee has developed a description of the all payer claims data sets, based on national standards, that will be included in the all payer claims database; a method for submission of data in the form of rules (discussed further in response to question 12); security measures for complying with HIPAA and other state and federal privacy laws; and policies to make reports from the all payer claims database available as a resource for insurers, employers, providers, and purchasers of health care.

11. What actions has the committee taken to safeguard individually identifiable health information as required by the Health Insurance Portability and Accountability Act of 1996 (HIPPA)?

The committee developed rules (discussed below in Response to Question No. 12) and a procedure manual that prevent the submission of specific individual personal information on patients as required by TCA § 56-2-125 (e). Instead, as required by TCA § 56-2-125 (e), encrypted index numbers are generated in place of such individual personal information. Tennessee's all payer claims data is collected by a contractor that is regularly audited to ensure compliance with HIPAA security standards. In addition, the only information from the all payer claims database that will be released to the public will be in the form of reports approved by the committee – no data can be released. When a proposed public report is considered by the committee, the committee will ensure compliance with HIPAA. The committee will also develop rules governing public reports that will include all the requirements for safeguarding individually identifiable health information required by HIPAA.

12. Have rules been promulgated as authorized at Section 56-2-125(h), *Tennessee Code Annotated*? If so, please cite the reference. What role did the committee take in promulgating these rules?

Yes, the Department of Commerce and Insurance promulgated chapter 0780-01-79: uniform reporting system for the all payer claims database. These rules cover how data shall be gathered for the all payer claims database. The data gathering subcommittee drafted these rules then the full committee reviewed the draft, conducted a lengthy discussion, made changes to the subcommittee's recommendations, and adopted the rules unanimously. The Comptroller's Office suggested additional changes, which the committee adopted in its next meeting, again by unanimous vote.

13. Section 56-2-125(d)(2)(A), *Tennessee Code Annotated*, provides that essentially all information contained within the database (described as "the all payer claims database, summaries, source or draft information used to construct or populate the all payer claims database, patient level claims data, reports derived from the all payer claims database...") is not to be considered a public record and open to the public but creates a means of releasing reports "authorized by the Tennessee Health Information Committee." Have any such reports been released? If so, please describe.

No reports have been yet been developed, so none have yet been released. The all payer claims database is still in the process of data gathering. The Division of Health Planning anticipates that the first reports will be developed late this fall for review by the committee.

14. Describe any items related to the committee that require legislative attention and your proposed legislative changes.

There are no items related to the committee that require legislative changes at this time.

15. Should the committee be continued? To what extent and in what ways would the absence of the committee affect the public health, safety, or welfare?

The committee should be continued. The absence of the committee would remove both public and state inter-departmental oversight of the all payer claims database project. In addition, the committee provides extensive knowledge and insight that are invaluable to the implementation of the database.

16. Please list all committee or database project programs or activities that receive federal financial assistance and, therefore are required to comply with Title VI of the Civil Rights Act of 1964. Include the amount of federal funding received by program/activity.

No committee or database project programs or activities receive federal financial assistance.

If the committee or database project does receive federal assistance, please answer questions 17 through 24. If the committee or database project does not receive federal assistance, proceed directly to question 23.

17. Does your committee or database project prepare a Title VI plan? If yes, please provide a copy of the most recent plan.

18. Does your committee or database project have a Title VI coordinator? If yes, please provide the Title VI coordinator's name and phone number and a brief description of his/her duties. If not, provide the name and phone number of the person responsible for dealing with Title VI issues.

19. To which state or federal agency (if any) does your committee or database project report concerning Title VI? Please describe the information your committee or database project submits to the state or federal government and/or provide a copy of the most recent report submitted.

20. Describe your committee or database project's actions to ensure that committee or database project staff and clients/program participants understand the requirements of Title VI.

21. Describe your committee or database project's actions to ensure it is meeting Title VI requirements. Specifically, describe any committee or database project monitoring or tracking activities related to Title VI, and how frequently these activities occur.

22. Please describe the committee or database project's procedures for handling Title VI complaints. Has your committee or database project received any Title VI-related complaints during the past two years? If yes, please describe each complaint, how each complaint was investigated, and how each complaint was resolved (or, if not yet resolved, the complaint's current status).
23. Please provide a breakdown of current committee or database project staff by title, ethnicity, and gender.

Currently, the Division of Health Planning staff members are Jeff Ockerman, Director and Brooks Daverman, Analyst. Both are white males. Michele Gourley, M.D., a white female, will begin work on July 29, 2010, as an Analyst, replacing a staff member who left the Division in June 2010. There are no other committee or database project staff members.

24. Please list all committee or database project contracts, detailing each contractor, the services provided, the amount of the contract, and the ethnicity of the contractor/business owner.

Onpoint Health Data has been issued a contract of \$1,112,644 to advise the state on data elements and format, to collect claims data from health insurers, to provide technical assistance to health insurers, to validate the quality of the data submitted, and to assemble a database for Tennessee. The period of the contract is December 1, 2009 through November 30, 2011. Onpoint Health Data is a nonprofit corporation located in Maine with a sixteen-member Board of Directors, all of whom are non-Hispanic White.

There are no other contracts for work related to the committee or the all payer claims database.